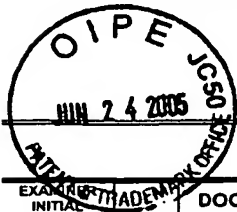


INFORMATION DISCLOSURE CITATION

(Use several sheets if necessary)

ATTY. DOCKET NO.
DV/4-32408A
APPLICATION NO.
10/508,822
APPLICANT
AUSBORN ET AL.
FILING DATE
SEPTEMBER 7, 2004

Group
1614



U.S. PATENT DOCUMENTS

EXAMINER INITIAL	TRADEMARK OFFICE	DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE
	AA						
	AB						
	AC						
	AD						
	AE						
	AF						
	AG						
	AH						
	AI						
	AJ						
	AK						
	AL						

FOREIGN PATENT DOCUMENTS

	DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION YES NO	
AM	EP 0 400 522	12/5/90	Europe			<input type="checkbox"/>	<input type="checkbox"/>
AN	EP 0 418 153	3/20/91	Europe			<input type="checkbox"/>	<input type="checkbox"/>
AO	EP 0 474 098	3/11/92	Europe			<input type="checkbox"/>	<input type="checkbox"/>
AP	EP 0 998 917	5/10/00	Europe			<input type="checkbox"/>	<input type="checkbox"/>
AQ	EP 1 277 787	1/22/03	Europe			<input type="checkbox"/>	<input type="checkbox"/>

*The documents
were not
available
in EDA*

OTHER DOCUMENTS (Including Author, Title, Date, Pertinent pages, Etc.)

AR	
AS	
AT	

EXAMINER /Desta Yebassa/ DATE CONSIDERED 10/26/2007

*EXAMINER: Initial of reference considered, whether or not citation is in conformance with MPEP 609: Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant.

INFORMATION DISCLOSURE CITATION

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EXAMINER INITIAL		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
/DY/	CA	WO 00 03660	1/27/00	PCT			<input type="checkbox"/>	<input type="checkbox"/>
/DY/	CB	WO 00 56282	9/28/00	PCT			<input type="checkbox"/>	<input type="checkbox"/>
/DY/	CC	WO 01 83594	11/8/01	PCT			<input type="checkbox"/>	<input type="checkbox"/>
	CD						<input type="checkbox"/>	<input type="checkbox"/>
	CE						<input type="checkbox"/>	<input type="checkbox"/>
	CF						<input type="checkbox"/>	<input type="checkbox"/>
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	CH						<input type="checkbox"/>	<input type="checkbox"/>
	CI						<input type="checkbox"/>	<input type="checkbox"/>
	CJ						<input type="checkbox"/>	<input type="checkbox"/>
	CK						<input type="checkbox"/>	<input type="checkbox"/>
	CL						<input type="checkbox"/>	<input type="checkbox"/>
	CM						<input type="checkbox"/>	<input type="checkbox"/>
	CN						<input type="checkbox"/>	<input type="checkbox"/>
	CO						<input type="checkbox"/>	<input type="checkbox"/>
	CP						<input type="checkbox"/>	<input type="checkbox"/>
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	CR						<input type="checkbox"/>	<input type="checkbox"/>
	CS						<input type="checkbox"/>	<input type="checkbox"/>
	CT						<input type="checkbox"/>	<input type="checkbox"/>
	CU						<input type="checkbox"/>	<input type="checkbox"/>
	CV						<input type="checkbox"/>	<input type="checkbox"/>
	CW						<input type="checkbox"/>	<input type="checkbox"/>
	CX						<input type="checkbox"/>	<input type="checkbox"/>
	CY						<input type="checkbox"/>	<input type="checkbox"/>
	CZ						<input type="checkbox"/>	<input type="checkbox"/>

EXAMINER /Desta Yebassa/

DATE CONSIDERED 10/26/2007

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